

Application Data Sheet
Application Information

Application type:: National Phase
Subject matter:: Utility
CD-ROM or CD-R:: None
Number of CD disks:: 0
Number of copies of CDs:: 0
Sequence submission?:: Yes
Computer readable form (CRF)?:: Yes
Number of copies of CRF:: 1
Title:: Expression System for the B Subunit of Cholera Toxin
Attorney docket number:: CARL3006/REF
Request for early publication?:: No
Request for non-publication?:: No
Suggested drawing figure::
Total drawing sheets:: 15
Small entity?:: Yes

Applicant Information

Applicant authority type:: Inventor
Primary citizenship country:: Sweden
Status: Full capacity
Given name:: Nils
Middle name::
Family name:: CARLIN
Name suffix::
City of Residence:: HÄsselby
State or province of residence::
Country of residence:: Sweden

Street of mailing address:: Stallknechtsgränd 14
City of mailing address:: Hässelby
State or province of mailing address::
Country of mailing address:: Sweden
Postal or zip code of mailing address:: SE-165 57

Applicant Information

Applicant authority type:: Inventor
Primary citizenship country:: Great Britain
Status: Full capacity
Given name:: Michael
Middle name::
Family name:: LEBENS
Name suffix::
City of Residence:: GÖTEBORG
State or province of residence::
Country of residence:: Sweden
Street of mailing address:: P.O. Box 435
City of mailing address:: Göteborg
State or province of mailing address::
Country of mailing address:: Sweden
Postal or zip code of mailing address:: SE-405 30

Correspondence Information

Correspondence customer number:: 23364
Phone number:: 703-683-0500
Fax number:: 703-683-1080
E-mail address:: rfichter@baonthomas.com

Representative Information

Representative customer number:: 23364

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National stage of	PCT/SE2004/001 571	October 29, 2004
Claims benefit of			

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority claimed::
Great Britain	0325494.3	October 31, 2003	Yes

Assignee Information

Assignee name:: SBL Vaccin AB

Street of mailing address:: Lundagatan 2

City of mailing address:: Stockholm

State or province of mailing address::

Country of mailing address:: Sweden

Postal or zip code of mailing address:: SE-105 21